

Vermont Department of Health
Vermont Electronic Death Registration System (VTEDRS)
ACCESS AND CONFIDENTIALITY/PRIVILEGE AGREEMENT
for
Funeral Home Data Entry Clerks

STATEMENT TO VTEDRS USER

In Vermont, the physician “last in attendance upon a deceased person during his last illness” bears the primary responsibility for completing a death certificate within 24 hours of the death “in [a] form prescribed by the commissioner of health”. However, with the consent of a funeral director the physician may delegate to the funeral director the responsibility of gathering data for and filling out all items except the medical certification of cause of death. (18 VSA § 5202, 18 VSA § 5001)

A Vermont licensed Funeral Director or the owner or designated manager of a Vermont Licensed Crematory may electronically sign and submit the demographic portion of a death record using the Vermont Electronic Death Registration System (VTEDRS). As an employee of a funeral home or other qualifying organization who is not a licensed funeral director, but who is operating under the authority of such, you may enter demographic information into the application, but you do not have permission or access to the functions necessary to “sign” a record.

VTEDRS USER’S AGREEMENT

As a funeral home employee who performs data entry for death records I will submit death record information using the Vermont Electronic Death Registration System (VTEDRS), which requires and contains confidential and privileged data. As a user of VTEDRS, I hereby agree as follows:

1. I will access confidential and privileged information within VTEDRS only as needed to submit death data to the Department of Health to produce documentation necessary for disposition of a body for which I am responsible.
2. I will not divulge in any way, copy, release, sell, loan, review, alter or destroy any confidential and privileged information except as properly authorized within the scope of my professional activities.
3. I will not misuse confidential and privileged information or treat such information carelessly.
4. I understand that reports printed from the VTEDRS including the Report of Information Provided to the EDRS by the signer of the demographic section, completed Preliminary Report of Death forms, and informational copies of the death certificate are to be used only for business purposes specifically related to obtaining permits for transportation of the decedent or for the purpose of an audit. These documents may contain information including the decedent’s social security number that is not public record and will be kept confidential and privileged. Under no circumstances will these reports be issued to the public. This includes

not sharing the decedent's Social Security number and taking other appropriate measures to assure confidentiality as required for all Vermont businesses and agencies by 9 VSA § 2440.

5. I will safeguard and will not disclose my access code or any other authorization I have that allows me to access VTEDRS. I accept responsibility for all activities undertaken using my access code and other authorization.

6. I will report activities by any individual or entity that I suspect may compromise the protection and privacy of confidential and privileged information. Reports made in good faith about suspect activities will be held in confidence to the full extent permitted by law, including the name of the individual reporting the activities.

7. I understand that my obligations under this Agreement will continue after termination of my privileges and access to VTEDRS information. I further understand that my privileges and access hereafter are subject to periodic review, revision, and, if appropriate, renewal.

8. I understand that I have no right or ownership interest in any information within VTEDRS to which I have access. The Department of Health may, at any time, revoke my authorization or access to any information in VTEDRS.

9. I will be responsible for my misuse or wrongful disclosure of confidential and privileged information and for my failure to safeguard my access code or other authorization access to confidential and privileged information.

10. I understand that failure to comply with this Agreement may result in loss of privileges to access VTEDRS.

11. I understand that, under 18 VSA § 1001(d), a confidential public health record shall not be:

- (a) Disclosed or discoverable in any civil, criminal, administrative or other proceeding.
- (b) Used to determine issues relating to employment or insurance for any individual.

I also understand that any person who willfully or maliciously discloses the content of any confidential public health record without written authorization or as authorized by law shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$25,000.00, and costs and attorneys fees as determined by the Court.

12. I understand that the Department of Health will advise me of any new policies, procedures, or protocols as they are issued, especially those related to privacy and security and will work with me to implement any required.

(Signature)

(Date)

(Name Printed)

(Date of Birth)

Email address: _____

Phone: _____

Funeral Home: _____

Vermont Department of Health

Vital Records Office

108 Cherry Street -- P.O. Box 70 -- Burlington, VT 05402

Telephone: 802-863-7275

Fax: 802-651-1787

18 VSA § 1001

(d) A confidential public health record shall not be:

- (1) Disclosed or discoverable in any civil, criminal, administrative or other proceeding.
- (2) Used to determine issues relating to employment or insurance for any individual.

(e) Any person who willfully or maliciously discloses the content of any confidential public health record without written authorization or as authorized by law or in violation of subsections (b), (c) or (e) shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$25,000.00, and costs and attorney fees as determined by the court.

Amended 1979, No. 60, § 1; 1997, No. 7, § 1, eff. April 29, 1997; 1999, No. 17, § 2.

18 VSA § 5001

Certificates of birth, marriage, civil union, divorce, death and fetal death shall be in form prescribed by the commissioner of health and distributed by the health department.

Amended 1959, No. 329 (Adj. Sess.), § 27, eff. March 1, 1961; 1965, No. 112, § 2, eff. Jan. 1, 1966; 1969, No. 265 (Adj. Sess.), § 3; 1999, No. 91 (Adj. Sess.), § 6.

18 VSA § 5202. Death certificate; duties of physician

(a) The physician who is last in attendance upon a deceased person during his last illness shall immediately fill out a certificate of death on a form prescribed by the commissioner. If he is unable to state the cause of death, he shall immediately notify the physician, if any, in charge of the patient's care, who shall fill out the certificate. If neither physician is able to state the cause of death, the provisions of section 5205 of this title shall apply. The physician may with the consent of the funeral director, delegate to said funeral director the responsibility of gathering data for and filling out all items except the medical certification of cause of death. All entries, except signatures, on the certificate shall be typed or printed. Such forms contain the following questions:

- (1) Was the deceased a veteran of any war?
- (2) If so, of what war?

(b) When death occurs to an admitted patient in a hospital and it is impossible to obtain a death certificate from an attending physician before burial or transportation, any physician who has access to the facts and can certify that death is not subject to the provisions of section 5205, may complete and sign a preliminary report of death on a form supplied by the commissioner of health. The town clerk or his deputy shall accept this report and issue a burial-transit permit. This preliminary report of death may be destroyed six months after a death certificate has been filed. This does not relieve the attending physician from the responsibility of completing a death certificate and delivering it to the funeral director within twenty-four hours after death.

(c) If a dead body must be removed immediately and a death certificate or preliminary report cannot be obtained, the town clerk, deputy or law enforcement officer may issue a temporary burial-transit permit which shall expire forty-eight hours after issuance. This does not relieve the attending physician from the responsibility of completing a death certificate and delivering it to the funeral director within twenty-four hours after death. Upon receipt of the death certificate, the funeral director shall apply for and the issuing authority shall issue a burial-transit permit to replace the temporary permit. (Amended 1959, No. 329 (Adj. Sess.), § 27, eff. March 1, 1961; 1963, No. 102, § 2, eff. May 22, 1963; 1969, No. 265 (Adj. Sess.), § 10; 1979, No. 142 (Adj. Sess.), § 26; 1997, No. 40, § 22b.)